



South Carolina Department of Insurance

Division of Consumer and Individual Licensing Services

Capital Center
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Columbia, South Carolina 29201

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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE APPLICATION FOR CONTINUING INSURANCE EDUCATION WAIVER REQUEST

South Carolina Code Ann. Regulation 69-50 XV stipulates that a licensed insurance producer who is unable to comply with Continuing Education (CE) requirements due to active military service during the two-year compliance period may request a hardship extension by submitting to the Department a copy of the military orders with the hardship extension request. In order to qualify for a CE hardship extension the producer:

- must have made the extension request in writing by U.S. Mail and must be received by the Department on or before 5:00 P.M. on May 1 2010;
- must have paid CE recordkeeping and producer licensing fees by 5:00 P.M. May 1, 2010
- must be for "Good cause". Good cause includes, but is not limited to, illness or catastrophic events beyond the control of the producer, which precluded the producer from conducting normal work activities during the two-year biennial compliance period, with the recommendation of the CE Administrator and the approval of the Director; and
- must have provided sufficient justification that the hardship prevented the producer from conducting normal work activities during the two-year compliance period;

CERTIFICATION OF APPLICANT

I, _____, do hereby certify that all of the information in
(Producer's Name – Please Print) this application is true and correct to the best of my knowledge. I understand that if my request for hardship extension is granted, I must complete the continuing education requirements within the time frame established by the Department of Insurance. If I fail to comply, I understand all of my licenses and qualifications will be canceled in accordance with S.C. Code Ann §38-43-106 (Supp. 2008) and Regulation 69-50 (XV) (Supp. 2008).

Signature of Producer

Date

THIS FORM MUST BE RECEIVED BY THE DEPARTMENT NO LATER THAN MAY 1, 2010. MAIL THIS FORM AND REQUIRED DOCUMENTS TO: South Carolina Department of Insurance, PO Box 100105, Columbia, SC 29202.